

**AMHERST HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
BANGS COMMUNITY CENTER, 2ND FLOOR
70 BOLTWOOD WALK
AMHERST, MA 01002**

Phone (413) 256-4033

Fax (413) 256-4053

FOOD ESTABLISHMENT APPLICATION

DATE _____

Name of Establishment _____

Business Address _____ Business Phone _____

Mailing Address (if different) _____

Owner _____ Owner's Phone _____

Address of Owner _____

Name & Title of Applicant (if different from Owner) _____

If Corporation or partnership, give name, title & home address of officers or partners.

<u>Name</u>	<u>Title</u>	<u>Home Address</u>	<u>Home Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____

State of Incorporation _____	Name & Address of Local Agent _____
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Emergency Response Person: Name _____
Home phone _____

<u>Type of Establishment</u>	<u>Fee</u>	<u>Duration of Permit</u>	<u>Amount to be Paid</u>
Bakery	125.00	<input type="checkbox"/> Annual	_____
Catering	125.00		_____
Food Establishment	275.00	<input type="checkbox"/> Temporary	_____
Frozen Dessert	50.00		_____
Mobil Food*	100.00		_____
Retail	175.00		_____
Special Events/Temporary	40.00/30.00 non-profit		_____
Food Service Plan Review	150.00		_____
Supermarket	750.00		_____
		Total	_____

See over for additional information and signatures→

ADDITIONAL INFORMATION

Water Source ☐ Town ☐ Well **Sewage Disposal** ☐ Town ☐ Private **Grease Trap** ☐ Yes ☐ No

Days & Hours of Operation _____ **Number of Seats** _____

Food Being Served: _____

Persons Trained in Anti-Choking Procedures (if 25 seats or more) . ☐ Yes ☐ No **How Many?** _____

*******Must Submit Copies Of Anti-Choking Certifications For Each Individual*******

***MOBILE FOOD UNITS OR PUSHCARTS**

☐ **COPY OF PEDDLAR'S LICENSE** ☐ **LIST OF HAND WASHING AND TOILET FACILITIES**

Submitted Applications to: ☐ Board of Selectman ☐ Fire ☐ Police

TEMPORARY PERMIT

Start Date: _____ **End Date:** _____

√Signature of Applicant

Social Security Number or Federal Identification Number

PAYMENT IS DUE WITH APPLICATION

Pursuant to M.G.L. CH. 62C Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all State Taxes required under law.

√ **Signature** of Individual or Corporate Name

By

Corporate Officer (if applicable)